

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90058 005 ****70.00

0027672

DOCUMENT # 711200

1. Entity Name

IRON WORKERS LOCAL NO. 808 BUILDING COMPANY, INC

Principal Place of Business

**200 EAST LANDSTREET RD.
ORLANDO FL 32824**

Mailing Address

**200 EAST LANDSTREET RD.
ORLANDO FL 32824**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1093386

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CHAMBLEE, MILES & GRIZZARD, P.A.
ATTN: JOHN CHAMBLEE
202 CARDY ST.
TAMPA FL 33606-9360**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DFT	<input checked="" type="checkbox"/> Delete
NAME	PARKER, DANIEL S.	
STREET ADDRESS	110 LAKE WINNIMISSETT DRIVE	
CITY-ST-ZIP	DELAND FL	

TITLE	DFT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, MASON A.	
STREET ADDRESS	3525 CALLOWAY DR.	
CITY-ST-ZIP	ORLANDO, FL 32810	

TITLE	PDB	<input type="checkbox"/> Delete
NAME	KITCHENS, DAVID E.	
STREET ADDRESS	2758 TROPICAL LAKE DR	
CITY-ST-ZIP	KISSIMEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RSD	<input type="checkbox"/> Delete
NAME	DVORAK, STANLEY J., JR.	
STREET ADDRESS	617 MORROCO AVE.	
CITY-ST-ZIP	ORLANDO, FL 32807	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**MASON ALAN PARKER****407-859-9366
1/4/01**

Date

Daytime Phone #

CR2E037 (10/00)